

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 15 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02000008315

1. Corporation Name

THE IU FOUNDATION, INC.

Principal Place of Business

900 W MARION AVE
PUNTA GORDA FL 33950

Mailing Address

900 W MARION AVE
PUNTA GORDA FL 33950

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/2002

5. FEI Number

Applied For

☒ Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LEBLANC, RICHARD F	900 W MARION AVE	PUNTA GORDA FL 33950
D	KENNEDY, DONALD E D.O.	19531 TOLEDO BLADE BLVD	PORT CHARLOTTE FL 33948
D	COOKINGHAM, ROBE	900 W MARION AVE	PUNTA GORDA FL 33950
D	Joseph Mazurkiewicz, Jr.	900 W. Marion Ave.	Punta Gorda, FL 33950
			600023802896 10/15/03--01007--005 **61.25
			600023802896 10/15/03--01007--006 **61.25

8. Name and Address of Current Registered Agent

CROWN, HOWARD L ESQ
GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, PA
5551 RIDGEWOOD DR STE 501
NAPLES FL 34108

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/9/03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/9/03 (941) 639-7512

Daytime Phone #

CR2040 (7/03)



IMPAC UNIVERSITY

October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

Dear Division of Corporations,

On October 8, 2003, IMPAC University received a Notice of Administrative Dissolution or Revocation for the IU Foundation, Inc., Document #N02000008315. Upon calling the phone number listed on the form, it became apparent that the original form had been received by the state on March 16, 2003. The attached check also cleared the bank on March 19. The IU Foundation received no notification or UBR report prior to this one.

The apparent problem with the original application was that the IU Foundation had provided no information in box number 5, the FEI Number information. Please note that this box has been checked with Not Applicable.

Please waive the reinstatement fee as the IU Foundation did not receive any prior UBR reports.

Thank you,

-- Richard F. LeBlanc --
Chairman
IU Foundation, Inc.